

CERTIFICATION OF ORIENTATION OR BIRTH MONTH ANNUAL TRAINING (BAT) AND MEDICAL SURVEILLANCE AT KIMBROUGH AMBULATORY CARE CENTER (KACC)

1. The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and the Occupational Safety and Health Administration (OSHA) mandate that all Federal civilian employees and active duty military personnel receive orientation and annual update training.

2. The MEDDAC commander fully supports this mandated training program.

3. The program consists of two parts:

a. Orientation and BAT. This is an 8-hour training session that is usually held on the first Thursday of each month in KACC's Main Conference Room (Rms. 1C17 and 18) or alternatively in the Events Center, as stated in each month's announcement. The Chief, Plans, Training, Mobilization and Security Division (PTM&S) is the proponent for this training. Confirm attendance by calling PTM&S at extension 78136.

b. Medical Surveillance. This consists of a medical history, record review, PPD skin test, immunization screening, and diagnostic screening as appropriate. Medical surveillance for Federal civilian employees and activity duty military personnel is performed in the Occupational Health Clinic (OHC), located in Bldg. T-2470, by the Occupational Health Nurse. For an appointment, call the OHC at extension 78402.

4. To document that you have received the mandated training and medical surveillance, you must obtain signatures and dates for the items below. After all items are signed and dated by the responsible individuals, you and your supervisor must sign and date the form at the bottom. This form, with all blocks filled in as required, must be turned in to the OHC not later than the last work day of your birth month.

4a. Orientation or BAT Completion	Signature of PTM&S representative:	Date:
4b. Medical Surveillance	Signature of OHC representative:	Date:
4c. PPD Placement	Signature of Immunization Clinic representative:	Date:
4d. PPD Reading (48-72 hours)	Signature of Immunization Clinic or OHC representative:	Date:
4e. Potential Requirements	Signatures as appropriate	
4e.(1) 2-Step PPD		Date:
4e.(2) Immunizations (Hep B, MMR and VZ)		Date:
4e.(3) LAB/PFT		Date:

Individual's Signature:	Date:	Supervisor's Signature:	Date:
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